

Baltimore County Public Schools

Department of Student Support Services

Office of Pupil Personnel Services

PLEASE TYPE or PRINT

PPW Name _____

Address _____

Zip _____

Telephone _____

Agency Placement-Qualifies for Out-Of-County Tuition Recapture

Yes ☐ No ☐

Code _____

School ID _____

Signature of Pupil Personnel Worker (PPW) _____

Date _____

Send To PPW Not To School

APPLICATION FOR REQUEST TO ENROLL NONRESIDENT STUDENT (Adapted for Agency Placement) Revised 3/20/2007

*1. Name of Child _____ Last School, City, State' _____

*2. Date of Birth _____ Student I.D.# _____ SSN _____ Grade for School of Application _____

*3. Name of Birth Mother _____ Phone _____

Address _____ City, County _____ State _____ Zip _____

*4. Name of Birth Father _____ Phone _____

Address _____ City, County _____ State _____ Zip _____

*5. Parental Rights Terminated? Yes ☐ No ☐

6. Marital Status of Parents: (Circle One) Married/Divorced/Separated/Deceased/Other _____

7. Has a court awarded guardianship/custody to Mother ☐ Father ☐ Both ☐ Other (Not Foster Parents) ☐

Name _____ Address _____ City/County _____ State _____ Zip _____

COPY OF COURT ORDER AND BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION

8. If custody has not been awarded, with whom does the child live when not in a foster care home or residential facility?

Mother ☐ Father ☐ Other ☐

9. Is this child receiving special education services? Yes ☐ No ☐ Intensity Level _____ **IEP MUST BE ATTACHED**

10. Agency with Order of Care CFSA

Address of Agency 400 6th St., SW City, County Washington State DC Zip 20024

Social/DJJ/Worker(Print) _____ D&T/ID# _____ Supervisor (Print) _____

Worker's Phone _____ Fax _____ Supervisor's Phone _____

11. Contractual Service Provider _____

Address _____ City, County _____ State _____ Zip _____

Name of Case Worker (PRINT) _____

Residential Yes ☐ No ☐ Telephone _____ Fax _____

12. Is this application for the purpose of transportation only? Yes ☐ No ☐

13. Has the student been institutionalized, hospitalized, or in DJJ placement since the last school placement?

Where _____ Date _____

(Circle One) Foster Family Kinship Care Group Home (Circle One) Guardianship Surrogate (IEP Purpose)

Name _____ Name _____

Address _____ Address _____

Zip Code _____ Zip Code _____

Telephone: Home _____ Telephone: Home _____

Work _____ Work _____

Baltimore County Home School Circle One: Walker/Regular Bus/Special Education Bus

Signature of Social/DJJ Worker

* Date